



Application Change Request

This form may be used to make changes to an applicant's record. To use this form, an application must be on file at IDOP and be less than two years old. Check all items that apply and enter all necessary information in the spaces provided.

Check (✓) all that apply: ☐ Current State Employee ☐ State of Iowa Intern ☐ CBC ☐ Temp
☐ Judicial ☐ Regents

Name: _____ SS#: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip Code: _____

☐ Check here if this is a new address.

☐ Change name to

☐ Change phone number to: Days () _____ Eves () _____

☐ Change shift availability to: ☐ usually 8 a.m. to 4:30 p.m. ☐ usually 12 midnight to 8 a.m.
☐ usually 4 p.m. to 12 midnight ☐ any shift ☐ County ☐ Weekends

☐ Change county availability: add county numbers _____
delete county numbers _____

☐ Change travel availability to ☐ travel ☐ no travel

☐ Change number of hours per week available to ☐ full time (40 hours per week)
☐ part-time (less than 40 hours per week)

☐ Add these Selective Certification Codes to my application

☐ Add **or** ☐ Remove these open job classes and/or vacancies for my application ☐ recall
(vacancies must be applied for before the closing date to be eligible) ☐ outplacement

JOB TITLE	JOB VACANCY NUMBER	IDOP USE ONLY		
		CLASS CODE	STATUS	SELECTIVE
1.				
2.				
3.				
4.				
5.				
6.				

Applicant Signature _____ Date _____

Send completed form to:

Iowa Department of Personnel, Grimes Building, East 14th Street at Grand Avenue, Des Moines, IA 50319-0150

Relay Iowa (TTY) (800) 735-2942

FAX (515) 281-7970

Phone (515) 281-3087

CFN 552-0545 R 10/00